

**Department of Public Health and Human Services
Quality Assurance Division - Licensure Bureau
Child Care Licensing**

**Child Care Facility
Activity Schedule / Written Plan**

PROVIDER NAME: _____ **Address:** _____ **PV #:** _____

Activity Schedule	Monday	Tuesday	Wednesday	Thursday	Friday

Remember: A plan is an extension of the activity schedule **NEED HELP - See example on back of this page**